



PATENT Attorney Docket No. ASC-058A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S):

Leitz et al.

CONFIRMATION NO.: 9702

SERIAL NO.:

10/647,074

GROUP NO.:

2823

FILING DATE:

August 22, 2003

EXAMINER:

Lee, Hsien Ming

TITLE:

Semiconductor Heterostructures And Related Methods

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 1941 day of October, 2004.

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Submitted herewith are:

- 1. Transmittal Form (1 pg.);
- 2. Supplemental Application Data Sheet (5 pgs.); and
- 3. Return receipt postcard.

OIPE								
TRANSMITTAL FORM			Application Serial Number		10/647,074			
			Filing Date		August 22, 2003			
			First Named Inventor		Leitz			
			Group Art Unit		2823			
			Examiner Name		1	Not Yet Assigned		
			Attorney Docket No.		ASC-058A			
		Patent No.			7	Not Applicable		
			Issue Date		Not Applicable			
				heck all that apply)				
☐ Fee	Transmittal Form		Copy of Notice Parts of Applic	e to File Missing cation		Notice of Appeal to Board of Patent Appeals and Interferences		
-	☐ Check Attached ☐ Copy of Fee Transmittal Form		Formal Drawin	ng(s)		Appeal Brief (in triplicate)		
	Amendment/Response Preliminary		Request For Contraction (In Transmittal] Status Inquiry		
	☐ After Final				⊠	Return Receipt Postcard		
	☐ Affidavits/declaration(s) ☐ Letter to Official ☐ Draftsperson	Power of Attor (Revocation of			⊠	Certificate of First Class Mailing under 37 C.F.R. 1.8		
	including Drawings [Total Sheets]		Terminal Disc	laimer		Certificate of Facsimile Transmission under 37 C.F.R. 1.8		
	Petition for Extension of Time		Executed Declaration and Power of Attorney for Utility or Design		×			
	Supplemental Information Disclosure Statement Form PTO-1449		Patent Application Small Entity Statement Amendment After Allowance			Supplemental Application Data Sheet		
	Certified Copy of Priority Document(s)							
	•		Request for Ce Correction	rtificate of				
	Sequence Listing submission Paper Copy/CD Computer Readable Copy Statement verifying			of Correction (in				
	identity of above							
CORRESPONDENCE ADDRESS				SIGNATURE BLO				
Direct a	Testa, Hu High Stre 125 High Boston, M Tel. No.:	et Tower Street 1A 02110 (617) 248-	witz & Thibeault, LLP t Tower Street Date: October 19		7453	Mark L. Beleporodov Attorney for Applicants		
						Boston, MA 02110		

OCI 2 CONTROL OCI 1 CATION DATA SHEET

Application Information

Application Number:: 10/647,074

Filing Date:: Herewith

Application Type:: Regular

Subject Matter: Utility

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: SEMICONDUCTOR HETEROSTRUCTURES AND RELATED METHODS

Attorney Docket Number:: ASC-058A

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christopher

Middle Name::

Family Name:: Vineis

Name Suffix::

City of Residence:: Cambridge

State or Province of Residence:: \underline{MA}

Country of Residence:: US

Street of Mailing Address:: 195 Binney Street, Apt. 4302

City of Mailing Address:: Cambridge

State or Province of Mailing Address:: \underline{MA} Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 02142

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Vicky

Middle Name::

Family Name:: Yang

Name Suffix::

City of Residence:: Windham

State or Province of Residence:: NH Country of Residence:: US

Street of Mailing Address:: 8 Fletcher Road

City of Mailing Address:: Windham

State or Province of Mailing Address:: NH

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 03087

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Matthew

Middle Name::

Family Name:: Currie

Name Suffix::

City of Residence:: Windham

State or Province of Residence:: NH

Country of Residence:: US

Street of Mailing Address:: 8 Fletcher Road

City of Mailing Address:: Windham

State or Province of Mailing Address:: NH

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 03087

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Middle Name::

Family Name:: Westhoff

Name Suffix::

City of Residence:: Hudson

State or Province of Residence:: NH Country of Residence:: US

Street of Mailing Address:: 17 Schaefer Circle

City of Mailing Address:: Hudson

State or Province of Mailing Address:: NH

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 03051

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Christopher

Middle Name::

Family Name:: Leitz

Name Suffix::

City of Residence:: Nashua

State or Province of Residence:: NH

Country of Residence::	US					
Street of Mailing Address::	1 Clocktower Place, Apt. 22					
City of Mailing Address::	Nashua					
State or Province of Mailing Address:: NH						
Country of Mailing Address::	US					
Postal or Zip Code of Mailing Addre	ess:: <u>03060</u>					
Correspondence Information						
Correspondence Customer Number:: 021323						

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/405,484	08/23/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: AmberWave Systems Corporation

City of Mailing Address:: Salem

State or Province of Mailing Address:: NH

Country of Mailing Address:: USA